## FILED ELECTRONICALLY STAN-216 Attorney Docket REVOCATION OF POWER OF First Named Inventor LI, LIMIN ATTORNEY/POWER OF 10/053,975 Application Number ATTORNEY OR AUTHORIZATION OF AGENT Filing Date January 18, 2002 Group Art Unit 1653 Address to: Mail Stop YAEN, CHRISTOPHER H Examiner Name Commissioner for Patents P.O. Box 1450 Title: "Mammalian Tumor Susceptibility Gene Products and their Alexandria, VA 22313-1450 I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint Practitioners at: 10 77974 whose address is: Bozicevic, Field & Francis LLP, 1900 University Avenue, Suite 200, East Palo Alto, California 94303 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or inter partes proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application. 1 Please change the correspondence address for the above-identified application to the abovementioned customer number. STATEMENT UNDER 37 CFR § 3.73(b) In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on January 16, 1996 at Reel 008087, Frames to 0675. I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code \$1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application, I am the: Applicant; or Assignee of record of the entire interest Attorney of record SIGNATURE of Applicant, Assignee or Attorney of Record

Name

Date

Signature

Katharine Ku